



Quality Assurance Bulletin

Quality Assurance Division

County of Los Angeles – Department of Mental Health

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PEI MHSA FUNDING FOR CLIENTS AND/OR SERVICES NOT MEETING MEDICAL MEDICAL NECESSITY CRITERIA

This Bulletin is to notify providers that Prevention and Early Intervention (PEI) Mental Health Services Act (MHSA) funding may be used for services under certain conditions when Medi-Cal medical necessity criteria have not been met. A memorandum from Los Angeles County Department of Mental Health was issued on April 13, 2018, announcing the Department's objectives to expand populations served through targeted PEI services and increase options for care (Attached). Under these objectives, there are two key areas related to a change in claiming:

1. PEI funded providers may now claim PEI for services to individuals of all ages who do not meet Medi-Cal SMHS medical necessity criteria but who, based on a mental health assessment, have been exposed to trauma or crisis (e.g., a significant, adverse childhood experience). Under this expansion, practitioners may provide PEI funded Early Intervention services to clients who present with life circumstances reflected in the attached list of ICD-10 diagnoses – all of which are related to mental disorders, conditions, or problems (Attached).
2. PEI services may be directed toward a wide variety of client psychosocial needs, and should focus on optimizing client strengths and mitigating client risks with the goal of treating early-stage or "sub-clinical" mental health issues and preventing the development of serious mental illness. In contrast to Medi-Cal Specialty Mental Health Services (SMHS) which must satisfy medical necessity criteria (reviewed below), PEI services are not limited to addressing impairments directly associated with the mental health diagnosis. Therefore, PEI funded providers may now claim for services beyond those directly associated with the mental health diagnosis.

LAC-DMH Directly-Operated and Contracted providers that provide qualifying services to individuals assessed to fall within either of the above described categories may submit full-cost, i.e., non Medi-Cal, PEI MHSA funded claims for dates of service on or after April 13, 2018. For Contracted providers, these claims may only be submitted to the extent that appropriate non Medi-Cal funding is available in their Legal Entity Agreement. If non Medi-Cal funding is not available and a shift in funding is made to make the funds available, claims may be submitted for dates of service on or after the execution date of the amendment to shift the funds. All documentation requirements remain the same for these services.

Instructions for IBHIS Providers Claiming Full Cost, Non Medi-Cal, PEI:

- Contracted providers must submit claims utilizing the existing procedure codes (e.g. 90834) with an HX modifier within the non-Medi-Cal funding source. (Refer to the IBHIS Addendum Guide to Procedure Codes)
- Directly-Operated providers must utilize the appropriate Non-Billable to Medi-Cal procedure code (00001-00005) and ensure the client is enrolled in the PEI funding plan.

Reminder: Medi-Cal Medical Necessity

As a reminder, in order to establish Medi-Cal medical necessity, the following criteria must be met: 1) the individual has a Medi-Cal “included” diagnosis, 2) the individual has a qualifying impairment as a result of the diagnosis, 3) an intervention is provided that addresses the impairment and is reasonably expected to be effective, and 4) the condition would not be responsive to physical health care based treatment. For individuals under 21 years of age, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical necessity criteria are somewhat less stringent with respect to the impairment and intervention requirements. Refer to the Organizational Provider’s Manual for the exact language around medical necessity requirements.

If Directly-Operated or Contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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Los Angeles County
DEPARTMENT OF MENTAL HEALTH

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DIRECTOR

April 13, 2018

TO: Directly Operated Clinics and Legal Entity Providers

Allowable shifts for Expanding Access to PEI Services

The Los Angeles County Department of Mental Health (DMH) intends to implement strategies for promoting access to prevention and early intervention (PEI) services. Proposed strategies are designed to support efforts that: prevent and mitigate trauma; identify individuals most at risk for becoming mentally ill and detect early signs of mental suffering; and intervene proactively to disrupt the development and progression of mental illness.

Through this effort, DMH anticipates meeting the following objectives:

- A. Expand populations served through targeted PEI services to include individuals across the lifespan who have experienced trauma and do not meet the criteria for medical necessity;
- B. Increase options for care by allowing additional practices that extend beyond the requirement that PEI services be Evidence Based Practices only, but instead assuring care is driven by client need; and
- C. Augment training reimbursement to enhance opportunities in the identified areas of the most need.

These objectives will allow DMH's plans to power upstream interventions as part of a comprehensive and integrated approach that will create systemic change. Through multi-purpose service delivery points with levels of care across sectors, individuals in the expanded target population will receive interventions along the continuum of care.

A. Expansion:

- 1. Providers may claim PEI funds for individuals who have experienced trauma but do not meet medical necessity;

2. Providers may use PEI funds to serve clients of any age, regardless of funded program

B. Increased Service Array:

1. The ability to employ a stepped care approach (from a menu of PEI services) that allows for robust population screening, assessment and triage to client driven services including MH care, case management and peer support;
2. The ability to shift PEI Funded service dollars to Client Supportive Services “flex funds” for providing concrete supports that are not available otherwise for a given client including rental assistance, food, clothing, and respite care.
3. The ability to administer care identified as “Promising” or “Effective” on SAMHSA’s National Registry of Evidence Based Programs and Practices (NREPP) website. Prior approval is no longer needed to add DMH endorsed Prevention Practices.

C. Training Enhancements:

1. To adjust the invoice rate for clinical staff, to reflect cost to providers more accurately, the rate for reimbursement will change from \$65 an hour to: \$500 for a half day training and \$1,000 for a full day of training for this fiscal year. This rate will apply to trainings attended and trainings delivered.
2. To claim for delivery of training related to trauma informed practice and special populations including Child Welfare, Commercial Sexual Exploitation of Children and Youth (CSECY), LGBTQ, Veterans, Homelessness, 0-5 Assessment and Practice, etc.
3. To claim staff time for attending Vicarious Trauma Training.
4. Shift funds from the current fiscal year within the existing contract maximum from Mode 15 (service) to Mode 60 (invoice) for reimbursement for training and training materials.

DMH will hold a special PEI provider meeting to discuss these items in detail and provide further guidance. Technical assistance materials and webinars will also be available. For questions on practices and target population, training invoicing and shift request please contact MHSAPei@dmh.lacounty.gov.

Please note that requests for funding which result in an increase of MCA cannot be accommodated. There is no limit on shifts from service to invoice funding allocations for the current fiscal year and we will advise on allowable ratio of PEI service to PEI non-service funding in contracts for future fiscal years.

DMH recognizes we are requesting a short turnaround time and we are prepared to provide technical assistance to agencies to assist with the process. To participate, providers are encouraged to submit their final shift proposal by May 1, 2018.

Approved non-included diagnoses for PEI Expanded Access to Care

DSM-5 V-Code (ICD-10)	DSM-5 Other Condition That May Be a Focus of Clinical Attention
DSM-5: Problems Related to Family Upbringing	
V61.20 (Z62.820)	Parent-Child Relational Problem
V61.8 (Z62.891)	Sibling Relational Problem
V61.8 (Z62.29)	Upbringing Away From Parents
V61.29 (Z62.898)	Child Affected by Parental Relational Distress
DSM-5: Other Problems Related to Primary Support Group	
V61.10 (Z63.0)	Relationship Distress with Spouse or Intimate Partner
V61.110 (Z63.5)	Disruption of Family by Separation or Divorce
V61.8 (Z63.8)	High Expressed Emotion Level Within Family
V62.82 (Z63.4)	Uncomplicated Bereavement
DSM-5: Child Maltreatment & Neglect Problems	
V15.41 (Z62.810)	Personal history (past history) of physical abuse in childhood
V15.41 (Z62.810)	Personal history (past history) of sexual abuse in childhood
V61.42 (Z62.812)	Personal history (past history) of neglect in childhood
V15.42 (Z62.811)	Personal history (past history) of psychological abuse in childhood
Adult Maltreatment and Neglect Problems	
V61.11 (Z69.11)	Encounter for mental health services for victim of spouse or partner violence, physical
V15.41 (Z91.410)	Personal history (past history) of spouse or partner violence, physical
V61.11 (Z69.81)	Encounter for mental health services for victim of spouse or partner violence, sexual
V15.41 (Z91.410)	Personal history (past history) of spouse or partner violence, sexual
V61.11 (Z69.11)	Encounter for mental health services for victim of spouse or partner neglect
V15.42 (Z91.412)	Personal history (past history) of spouse or partner neglect

Approved non-included diagnoses for PEI Expanded Access to Care

V61.11 (Z69.11)	Encounter for mental health services for victim of spouse or partner psychological abuse
V15.42 (Z91.411)	Personal history (past history) of spouse or partner psychological abuse
V65.49 (Z69.81)	Encounter for mental health service for victim of nonspousal or nonpartner adult abuse
DSM-5: Housing & Economic Problems	
V60.0 (Z59.0)	Homelessness
V60.1 (Z59.1)	Inadequate Housing
V60.89 (Z59.2)	Discord With Neighbor, Lodger, or Landlord
V60.6 (Z59.3)	Problem Related to Living in a Residential Institution
V60.2 (Z59.4)	Lack of Adequate Food or Safe Drinking Water
V60.2 (Z59.5)	Extreme Poverty
V60.2 (Z59.6)	Low Income
DSM-5: Other Problems Related to the Social Environment	
V62.89 (Z60.0)	Phase of Life Problem
V60.3 (Z60.2)	Problem Related to Living Alone
V62.4 (Z60.3)	Acculturation Difficulty
V62.4 (Z60.4)	Social Exclusion or Rejection
V62.4 (Z60.5)	Target of (Perceived) Adverse Discrimination or Persecution
DSM-5: Problems Related to Crime or Interaction with the Legal System	
V62.89 (Z65.4)	Victim of Crime
V62.5 (Z65.1)	Imprisonment or Other Incarceration
V62.5 (Z65.2)	Problems Related to Release From Prison
V62.5 (Z65.3)	Problems Related to Other Legal Circumstances

Approved non-included diagnoses for PEI Expanded Access to Care

DSM-5: Problems Related to Other Psychosocial, Personal, and Environmental Circumstances	
V61.7 (Z64.0)	Problems Related to Unwanted Pregnancy
V62.89 (Z64.4)	Discord with Social Service Provider, Including Probation Officer, Case Manager, or Social Services Worker
V62.89 (Z65.4)	Victim of Terrorism or Torture
V62.22 (Z65.5)	Exposure to Disaster, War, or Other Hostilities
DSM-5: Other Circumstances of Personal History	
V15.49 (Z91.49)	Other Personal History of Psychological Trauma
V15.59 (Z91.5)	Personal History of Self-Harm
V62.222 (Z91.82)	Personal History of Military Deployment
DSM-5: Problems Related to Access to Medical and Other Health Care	
V63.9 (Z75.3)	Unavailability or Inaccessibility of Health Care Facilities
V63.8 (Z75.4)	Unavailability or Inaccessibility of Other Helping Agencies